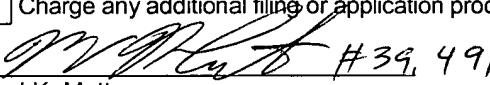




| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. 1291-0146PUS2 |
|---|-------------------------------|--|------------------|-----------------------------|
| Application No. 10/823,623-Conf. #4653 | Filing Date April 14, 2004 | Examiner B. R. Fischmann | Art Unit 3618 | |
| Applicant(s): Lennart STRIDSBERG | | | | |
| Invention: A HYBRID POWERTRAIN | | | | |
| MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | |
| CLAIMS AS AMENDED | | | | |
| Total Claims | 15 | - 20 = | x | |
| Independent Claims | 3 | - 3 = | x | |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | |
| Other fee (please specify): Extension for response within first month | | | | 60.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | 60.00 |
| <input type="checkbox"/> Large Entity | | <input checked="" type="checkbox"/> Small Entity | | |
| <input type="checkbox"/> No additional fee is required for this amendment. | | | | |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed. | | | | |
| <input checked="" type="checkbox"/> A check in the amount of \$ 60.00 to cover the filing fee is enclosed. | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed. | | | | |
| <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | |
|  Dated: September 26, 2005 | | | | |
| Michael K. Mutter Attorney Reg. No.: 29,680 | | | | |
| BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Rd., Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000 | | | | |



**FEE TRANSMITTAL
For FY 2005**

| | |
|---|--------------------------|
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | |
| TOTAL AMOUNT OF PAYMENT | (\$) 60.00 |

Complete if Known

| | |
|----------------------|------------------------|
| Application Number | 10/823,623-Conf. #4653 |
| Filing Date | April 14, 2004 |
| First Named Inventor | Lennart STRIDSBERG |
| Examiner Name | B. R. Fischmann |
| Art Unit | 3618 |
| Attorney Docket No. | 1291-0146PUS2 |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

| | |
|---|---|
| <input type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| <u>Application Type</u> | <u>FILING FEES</u> | | <u>SEARCH FEES</u> | | <u>EXAMINATION FEES</u> | |
|-------------------------|--------------------|--|--------------------|--|-------------------------|--|
| | <u>Fee (\$)</u> | <u>Small Entity</u> <u>Fee (\$)</u> | <u>Fee (\$)</u> | <u>Small Entity</u> <u>Fee (\$)</u> | <u>Fee (\$)</u> | <u>Small Entity</u> <u>Fee (\$)</u> |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 |
| Design | 200 | 100 | 100 | 50 | 130 | 65 |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 |

2. EXCESS CLAIM FEES**Fee Description**

| | <u>Fee (\$)</u> | <u>Small Entity</u> <u>Fee (\$)</u> |
|--|-----------------|--|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| | | | | | |
|---------------------|---------------------|-----------------|----------------------|----------------------------------|----------------------|
| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> | |
| 15 | - 20 = | x | = | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |

| | | | |
|----------------------|---------------------|-----------------|----------------------|
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| 3 | - 3 = | x | = |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| | | | | |
|---------------------|---------------------|---|--------------------------------|----------------------|
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| _____ | - 100 = | /50 | (round up to a whole number) x | = |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2251 Extension for response within first month

60.00

| SUBMITTED BY | | | | |
|---------------------|--------------------------|--------------------------------------|--------------------|--------------------------|
| Signature | <u>Michael K. Mutter</u> | Registration No. (Attorney/Agent) | 29,680 | Telephone (703) 205-8000 |
| Name (Print/Type) | Michael K. Mutter | Date | September 26, 2005 | |